



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

03 JANUARY 2019

CHUA CHOON PIN
48 BOON TIONG ROAD
#10-31
SINGAPORE 165004

Dear Sir/ Mdm

OUR REF : CC4/ASM18022180/T1gb3

YOUR REF : SJS 4971C

ACCIDENT INVOLVING SJS 4971C/ SMC 8811D/ OTHERS ALONG/AT AYE TOWARDS
TUAS ON 04/12/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from MOTOR IMAGE ENTERPRISES PTE LTD acting on behalf of the owner of SMC 8811D against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to joyirene@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Authorisation letter of vehicle driving by your driver
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6841 2409 or email us at joyirene@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely



JOY IRENE
Case Handler

DID: 6841 2409

FAX: 6741 4108

EMAIL: joyirene@lkkauto.com

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

Motor Image Enterprises Pte Ltd

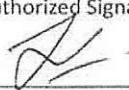
- ☐ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255
☒ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SMC8811D AND SJS4971C
 ON 04-12-2018 AT AYE towards Tuas after Henderson Road Flyover

- I, the owner of vehicle no. SMC8811D hereby instruct you and authorise you to act for me with respect to the following: -
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - To sign discharge voucher on my behalf.
- I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
- In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
- In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
- If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
- I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
- I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
- In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>Wong Zhuang Wen</u>		Company Name <u>Jeff Teh</u>	
Address		Claim Officer's Name <u>Jeff Teh</u>	
Telephone No <u>90607630</u>		Telephone No <u>67038631</u>	
Date	Email	Date <u>24-01-2019</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature	
			



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJS4971C (Insd veh)	Model: SUBARU FORESTER-2.0 I-L CVT AWD SR (A)
	SMC8811D (TP veh)	
Date of Accident/ Time:	04/12/2018	

Repair Estimate	: \$	14,842.27	
Final Repair Cost (WGST)	: \$	9,080.79	
Loss of Use	: \$	—	days at \$ per day
Rental (if any)	: \$	353.10	3 days at \$ 117.70 per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$	—	
	: \$		
Final Settlement Sum	: \$	9,435.89	

Payee Name : MOTOR IMAGE ENTERPRISES PTE LTD

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BOLA Scenario No: 28
	BOLA Liability: 100 (%)	Assessed Liability (*): 0 (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

Remarks:





NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: JIAFFO TSH Date: 05/12/2018  MTH	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: 8AYED JAE A21 Date: 05/12/2018 
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	



www.tanchong.com



DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6703 8400 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

MOTOR IMAGE ENTERPRISES PTE LTD
SERVICE WORKSHOP
25 LENG KEE RD

S(159097)
ATTN : MR DAVID KOH

POSTED

GST Reg No. : M2-0067432-4
Tax Invoice : S1014596
Inv. date...: 25-JAN-2019
Print date...: 25-JAN-2019
Print time...: 13:49:06
Page no.....: 1
Agreement no: TP2018877
Salesman.....: AK

Description	Amount
RENTAL CHARGE FROM 21-JAN-2019 TO 24-JAN-2019	330.00
SUBARU FORESTER 2.0X AWD 4AT ABS - SKG4743X	
(WONG ZHUANG WEN)	

TOTAL SGD(BEFORE GST)	330.00
GST(7%)	23.10
TOTAL SGD(AFTER GST)	353.10

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

DOWNTOWN TRAVEL SERVICES PTE LTD

Reg. No.
198403671H

Authorised Signature



Hiring Agreement

Co.Reg.No : 198403671H
GST Reg.No.: M2-0067432-1

TP2018877

CUSTOMER COPY

SALESMAN CODE: AK

Vehicle Number: SKG4743X

Make & Model: SUBARU FORESTER 2.0X AWD 4AT ABS

Date: 21/01/2019

Change Over 1:

Initial:

Date:

Change Over 2:

Initial:

Date:

Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD

Address: 25 LENG KEE RD

Singapore: (159097)

Contact Person: MR DAVID KOH

Tel: 96894556

1st Driver

Name: WONG ZHUANG WEN

Address: BLK 240 BUKIT PANJANG RING ROAD # 08 - 127

Singapore: (670240)

Contact No: 90607630 (H)

(O)

(HP)

Occupation:

Date of Birth: 08/01/1984

Passport / NRIC No: S8401044H

Nationality: SINGAPOREAN

Driver's Licence No: S8401044H

Driving Exp: yrs

Country of Issue: SINGAPORE

Driving Date:

Additional Driver

Name:

Address:

Singapore: ()

Contact No: (H)

(O)

(HP)

Occupation:

Date of Birth:

Passport / NRIC No:

Nationality:

Driver's Licence No:

Driving Exp: yrs

Country of Issue:

Driving Date:

Remarks / Delivery Location

SMC8811D 3RD PARTY CLAIM REF MIE LK JEFF

Check In / Out

Date Out: 21/01/2019 Time Out 09:30:00 Km Out 12345.00

Petrol Level: F

Agreed Date of Return: 29/01/2019 09:30:00

Date In: Time In Km In

Petrol Level: E

Collision Damage Waiver & PAI

ACCEPTS

To Pay Extra Fees

Daily S\$0.00

Weekly S\$

Monthly S\$

Weekend S\$

Non-Waivable Excess

S\$ 0.00 per accident

DECLINES

Hirer Declines CDW

Excess S\$ 2,000.00

per accident

Signature

Signature

*The above is subjected to 7% GST.

Per Day	110.00	880.00
Per Week		
Per Month		
Weekend		
Rental Charges	880.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	61.60	
Sub Total	941.60	

OVERALL CHARGES

Deposit Tax Invoice

Deposit Inv: Amount

O/R No: Date

For Official Use

INV: O/R: Date

INV: O/R: Date

INV: O/R: Date

HIRER'S SIGNATURE

Signature of Downtown Travel Services Pte Ltd



DOWNTOWN TRAVEL SERVICES PTE LTD



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-190059

Date of Request: 07/12/2018

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097

Dear Sir/Madam,

Enquiry Date 07/12/2018

Enquiry By Jeff Teh

TP Vehicle No. SJS4971C

Accident Date 04/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJS4971C	AXA Insurance Pte Ltd	24/10/2018-19/02/2020	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-190059
Date of Request: 07/12/2018

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097

Dear Sir/Madam,

Enquiry Date 07/12/2018
Enquiry By Jeff Teh
TP Vehicle No. SJS4971C
Accident Date 04/12/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque